

REQUEST TO DETERMINE ELIGIBILITY FOR INTERMENT

(Please print or Type)

Name of Veteran: _____
(Last, First, Middle)

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Social Security Number: _____

Service Number (if known): _____

Branch of Service: _____

Date Entered Service: _____

Date Separated From Service: _____

Type of Discharge: _____

Date of Birth: _____

Name of Spouse: _____

Will spouse be interred with the veteran? ☐ Yes ☐ No

Is spouse a veteran? ☐ Yes ☐ No

Military Honors at the time of interment is a benefit and honor earned by the veteran for his honorable service to our country. Northwest Louisiana Veterans Cemetery believes that all deserving veterans should be honored by a grateful nation for their service to it. Do you as such a veteran wish to receive the honors due you? ☐ Yes ☐ No

An inscription on the grave marker is a desirable remembrance to a loved one or a statement about them. This would be a good time to consider such an inscription if you want to relieve the family of the task. (Your thoughts here) _____

Please submit this request and a copy of most recent
Discharge / Separation Form DD 214 (**do not send original**) to:

Northwest Louisiana Veterans Cemetery
7970 Mike Clark Road
Keithville, LA 71047
318-925-0612
318-925-5521 Fax